



02-19-04

1631

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Queen Thomas
Printed Name

Queen Thomas
Signature

PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Mark L. Brader, et al.)	
Serial No.	:	08/484,542)	
Filed	:	June 7, 1995)	Group Art Unit: 1631
For	:	Stabilized Acylated Insulin Formulations)	Examiner M. Allen
Docket No.	:	X-10097)	

PETITION FOR EXTENSION OF TIME

Commissioner for Patents

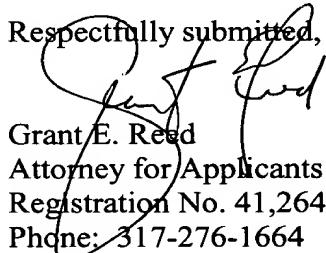
P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Applicants hereby petition for an extension of time within which to file a response to Office Action dated August 20, 2003, Paper 40. Fee payment is authorized on the accompanying Fee Transmittal. Applicants are simultaneously filing a Continuation application.

Respectfully submitted,


Grant E. Reed
Attorney for Applicants
Registration No. 41,264
Phone: 317-276-1664

Eli Lilly and Company
Patent Division/GER
P.O. Box 6288
Indianapolis, Indiana 46206-6288

2/11/2004

Please type a plus sign (+) inside this box →

PTO/SB/17 (12/97)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEB 18 2004 SEE TRANSMITTAL

Note: Effective November 10, 1997.
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 05-0840

Deposit Account Name Eli Lilly and Company

X Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance2. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	770	201	385	Utility filing fee	
106	340	206	170	Design filing fee	
107	530	207	265	Plant filing fee	
108	770	208	385	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. CLAIMS		Extr a	Fee from below	Fee Paid
Total Claims		-20**=	<input type="checkbox"/> X 18	
Independent Claims		-3**=	<input type="checkbox"/> X 86	
Multiple Dependent Claims (first time)			<input type="checkbox"/> X 290	

Large Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent claim
109	86	209	43	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

Other fee (specify)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 950.00)

SUBMITTED BY Complete (if applicable)Typed or Printed Name Grant E. Reed Reg. Number 41,264Signature Date 2/11/2004"Express Mail" mailing label number EL 61876330545Date of Deposit 2-18-04
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.QUEEN THOMAS Signature

Printed Name

Signature